

**STATEMENT OF ECONOMIC INTERESTS**



**COVER PAGE**

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**2011 FEB 25 PM 3:54**

**BY: RPA**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Solorio Jose Juan

**1. Office, Agency, or Court**

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

Your Position

District 69

State Assemblyman

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

**3. Type of Statement (Check at least one box)**

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left / / (Check one)

-or-  
The period covered is / / through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date / /

☐ The period covered is / / through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/24/11  
(month, day, year)

Signature

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Jose Solorio

## ▶ NAME OF BUSINESS ENTITY

Netflix

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Movie Rental

## FAIR MARKET VALUE

☐ \$2,000 - \$10,000☒ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☒ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10

ACQUIRED

\_\_\_\_/\_\_\_\_/10

DISPOSED

## ▶ NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☐ Stock☐ Other

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ACQUIRED

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## ▶ NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10

ACQUIRED

\_\_\_\_/\_\_\_\_/10

DISPOSED

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## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

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IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10

ACQUIRED

\_\_\_\_/\_\_\_\_/10

DISPOSED

Comments:

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Jose Solorio
---

► NAME OF SOURCE  
State Farm Insurance  
 ADDRESS (Business Address Acceptable)  
1201 K Street, Suite 920, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 07 / 10	\$ 275.00	BCS Football Game
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
California Tribal Business Alliance  
 ADDRESS (Business Address Acceptable)  
1530 J Street, Suite 400, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 12 / 10	\$ 92.68	Back to Session Bash
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
California Healthcare Institute  
 ADDRESS (Business Address Acceptable)  
1020 Prospect Street, Suite 310, La Jolla, CA 92037  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 10	\$ 205.30	BioMed Report Launch
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
Personal Insurance Federation of California  
 ADDRESS (Business Address Acceptable)  
1201 K Street, Suite 1220, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 07 / 10	\$ 275.00	BCS Football Game
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
The Humane Society of the United States  
 ADDRESS (Business Address Acceptable)  
2100 L Street, NW, Washington, DC 20037  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Animal Rights

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 10	\$ 54.78	Reception
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
California New Car Dealers Association  
 ADDRESS (Business Address Acceptable)  
1415 L Street, Suite 700, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Car Dealers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 10	\$ 106.57	Reception and Dinner
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

<p>► NAME OF SOURCE  <u>California Building Industry Association</u>          ADDRESS (Business Address Acceptable)  <u>1215 K Street, Suite 1200, Sacramento, CA 95814</u>          BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Trade Association</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>05 / 05 / 10</u></td> <td><u>\$ 79.55</u></td> <td><u>Dinner</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>05 / 05 / 10</u>	<u>\$ 79.55</u>	<u>Dinner</u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<p>► NAME OF SOURCE  <u>California Democratic Party</u>          ADDRESS (Business Address Acceptable)  <u>1401 21st Street, Suite 200, Sacramento, CA 95811</u>          BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Political Party</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>08 / 19 / 10</u></td> <td><u>\$ 38.52</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>12 / 05 / 10</u></td> <td><u>\$ 84.80</u></td> <td><u>Reception</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>08 / 19 / 10</u>	<u>\$ 38.52</u>	<u>Breakfast</u>	<u>12 / 05 / 10</u>	<u>\$ 84.80</u>	<u>Reception</u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>
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<p>► NAME OF SOURCE  <u>Wells Fargo Bank</u>          ADDRESS (Business Address Acceptable)  <u>45 Fremont St., 26th Fl., San Francisco, CA 94105</u>          BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Banking</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>06 / 01 / 10</u></td> <td><u>\$ 200.00</u></td> <td><u>The California Roast</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>06 / 01 / 10</u>	<u>\$ 200.00</u>	<u>The California Roast</u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<p>► NAME OF SOURCE  <u> </u>          ADDRESS (Business Address Acceptable)  <u> </u>          BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u> </u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>
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<p>► NAME OF SOURCE  <u>State of the State Luncheon Sponsors</u>          ADDRESS (Business Address Acceptable)  <u>n/a</u>          BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>n/a</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>01 / 06 / 10</u></td> <td><u>\$ 57.00*</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>01 / 06 / 10</u>	<u>\$ 57.00*</u>	<u>Luncheon</u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<p>► NAME OF SOURCE  <u> </u>          ADDRESS (Business Address Acceptable)  <u> </u>          BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u> </u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>
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Comments: \*No organization paid \$50 or more toward cost of gift

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name  Jose Solorio

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE <u>California Issues Forum</u>	
ADDRESS (Business Address Acceptable) <u>1717 I Street</u>	
CITY AND STATE <u>Sacramento, CA 95811</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Nonprofit (501(c)(4))</u>	
DATE(S): <u>06 / 21 / 10</u> - <u>    </u> / <u>    </u> / <u>    </u> AMT: \$ <u>105.34</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Meal at speaking event</u>	

▶ NAME OF SOURCE <u>California Issues Forum</u>	
ADDRESS (Business Address Acceptable) <u>1717 I Street</u>	
CITY AND STATE <u>Sacramento, CA 95811</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Nonprofit (501(c)(4))</u>	
DATE(S): <u>08 / 05 / 10</u> - <u>    </u> / <u>    </u> / <u>    </u> AMT: \$ <u>329.59</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Food and lodging at speaking event</u>	

▶ NAME OF SOURCE <u>California Issues Forum</u>	
ADDRESS (Business Address Acceptable) <u>1717 I Street</u>	
CITY AND STATE <u>Sacramento, CA 95811</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Nonprofit (501(c)(4))</u>	
DATE(S): <u>12 / 13 / 10</u> - <u>12 / 14 / 10</u> AMT: \$ <u>1349.40</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Transportation, meals, lodging at speaking event</u>	

▶ NAME OF SOURCE <u>Association of California Life &amp; Health Insurance Co.</u>	
ADDRESS (Business Address Acceptable) <u>1201 K Street, Suite 1820</u>	
CITY AND STATE <u>Sacramento, CA 95814</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Insurance</u>	
DATE(S): <u>09 / 24 / 10</u> - <u>    </u> / <u>    </u> / <u>    </u> AMT: \$ <u>788.98</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Lodging, food, and beverage at speaking event</u>	

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Jose Solorio

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
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<p>▶ NAME OF SOURCE <u>John Wayne Airport</u></p> <p>ADDRESS (Business Address Acceptable) <u>3160 Airway Ave.</u></p> <p>CITY AND STATE <u>Costa Mesa, CA 92626</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Government Entity</u></p> <p>DATE(S): <u>01 / 01 / 10</u> - <u>12 / 31 / 10</u> AMT: \$ <u>600</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Airport parking from government agency</u> <u>for official travel (limits do not apply)</u></p>	<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) _____</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ _____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
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Comments: \_\_\_\_\_